

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043035

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1885

STATE FILE NUMBER

FILED NOV 22 1963

VS 300
Rev. 4/59

10/28

20/28

3

4 0

5 1

6

7 0

8 2

9 9/190

10 19

11 12 8

12 90-3

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Poplar Bluff

Length of stay in 1b

40 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

629 N. 9th St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

c. CITY

OR TOWN

Poplar Bluff

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1209 Nooney St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

OPIE

Middle

CLAYTON

Last

LILES

4. DATE OF DEATH

Month

Day

Year

November 10, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/10/1901 62

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months 4 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Cleaning

11. BIRTHPLACE (City and state or country)

Bloomfield, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A..

13a. FATHER'S NAME

Wm. Jesse Liles

13b. MOTHER'S MAIDEN NAME

Louisa Miller

14. NAME OF HUSBAND OR WIFE

Jewell Liles

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of)

No

NO.

58

17. INFORMANT

Address

Jewell Liles, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shot gun wound, face

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

shot gun discharge

20c. TIME OF INJURY

Hour 130

Month, Day, Year 11-10-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Poplar Bluff

COUNTY

Butler

STATE

MO

21. I attended the deceased from _____, to _____, and last saw him alive on _____

Death, occurred at

1:30 P. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Gover H. Green, Coroner

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

11-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/12/1963

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo. 11-20-1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

USE BLACK INK

OR TYPEWRITER RIBBON

NOV 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles E. Mung

Licensed Embalmer No.

2877

P. O. Address

Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.